



DATE: \_\_\_\_\_  
FAX TO: \_\_\_\_\_  
\_\_\_\_\_

FROM: ☐ Mary Anne Coulson, RN  
☐ Julie Doyle, RN, Clinical Coordinator  
☐ Marilyn Foxx, RN  
☐ Gina Krakovsky, MSN, PNP  
☐ Elizabeth Mathison, M.S.W.  
☐ Barb Munafo, RT, MA  
☐ Della Sokol, MA, Scheduling Coordinator

Office of: ☐ Ron S. Levin, MD  
Center for Infants & Children  
With Special Needs

513-636-3000 (phone)

CHMC  
3333 Burnet Ave., CHRF-4  
Cincinnati, OH 45229-3039  
513-636-5859 (Fax)

**COMMENTS:**

\_\_\_\_\_ has been referred to the ED by Ron Levin, MD  
The following is the past medical history & diagnoses that we have on  
record. Also included are:

- ☐ Plan of Care
- ☐ Last office visit
- ☐ Other pertinent information \_\_\_\_\_

Please notify Dr. Levin at 636-3000

- ☐ Upon patient's arrival to the ED
- ☐ After patient is evaluated
- ☐ Only if significant problems arise

**Should this patient be admitted, please assure that this information accompanies  
the ED report to the floor.**

Total # of pages being faxed (including cover) \_\_\_\_\_

3333 Burnet Avenue  
Cincinnati, Ohio 45229-3039